

Survey of Mental Health Court Outcome Data

December 2007

The following published findings provide evidence of the potential for mental health courts to *reduce recidivism* among people with mental illness in the criminal justice system, *improve public health and safety*, and *save taxpayer dollars*.

Akron (Ohio) Municipal Mental Health Court

- In its first three years (2001-2003), mental health court program graduates' hospital and incarceration days were reduced as follows: county jail – from 464 days in 2000 (and 683 days in 2001) to 34 days in 2003; state prison – from 168 days in 2000 to zero in 2003; state psychiatric hospital – from 106 days in 2000 to 19 days in 2003.
- Akron has now been designated a national mental health court training site by the U.S. Department of Justice.

Source: http://courts.ci.akron.oh.us/programs/mental_health.htm

Allegheny County (Pennsylvania) Mental Health Court

- The Rand Corporation, sponsored by the Council of State Governments, conducted a comprehensive analysis of the fiscal impact of operating Allegheny County's mental health court, based on individual-level data that Rand analysts acquired from six state and local public agencies to generate a combined data set that included all relevant criminal justice, mental health, and welfare (cash assistance) utilization for 365 mental health court participants over a two year observation period.
- The study found a small net decrease in costs in the first year, mostly attributable to the decrease in jail costs; and then that average mental health treatment costs and average jail costs both decreased over the second year; and then that, at the end of two years, there was a leveling off of mental health treatment costs and a dramatic drop in jail costs that yielded "a large and statistically significant cost savings."

Source: "Justice, Treatment & Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court," Ridgely, Engberg, Greenberg, Turner, DeMartini & Dembosky, Rand Corporation Safety and Justice Program (2007); www.rand.org/pubs/technical_reports/TR439. (This study is included here in its entirety for your reference.)

Bonneville County (Idaho) Mental Health Court

- Reported a 98% reduction in program participants' hospitalization, and 85% reduction in incarceration.

Source: Idaho Supreme Court News Release, 5-4-06; also <http://consensusproject.org/programs>

Broward County (Florida) Mental Health Court

- Broward County established the nation's first mental health court in 1997.
- According to the court's presiding Judge Ginger Lerner-Wren, Broward's mental health court has saved the county \$100 million in its 10-year existence.

Source: <http://www.ncjrs.gov/html/bja/mentalhealth/chap2.html> (National Criminal Justice Reference Svc); http://www.sptimes.com/2007/10/15/Hernando/Mental_health_court_u.shtml (St. Petersburg Times, 10-15-07)

Cook County (Illinois) Mental Health Court

- In the year prior to the inception of Cook County's mental health court, the program's initial 37 enrollees had averaged 115 days each in Cook County custody at a cost of \$8,080 per person. In the first eight months of the mental health court, those individuals averaged 15 days in Cook County custody.

Source: "Review of the Cook County Felony Case Process and Its Impact on the Jail Population," American University, Criminal Courts Technical Assistance Project (2005); <http://spa.american.edu/justice/documents/1321.pdf>

Davidson County (Tennessee) Mental Health Court

- Recidivism rate for participants was reduced from 67% to 6%.

Source: Daily News Journal/Mid-South News, 12-8-06

El Dorado County (California) Behavioral Health Court

- County experienced savings of \$111,870 through reduction in jail days for first 13 program participants.

Source: Tahoe Daily Tribune, 1-4-07

Miami-Dade County (Florida) Mental Health Court

- Recidivism rate for participants was reduced from 70% to 16%.
- Annual savings = \$2.5 million.

Source: Final Report of the Miami-Dade County Grand Jury, filed 1-11-05

San Francisco County (California) Court and Jail Systems

A study of 8,067 individuals found that:

- At 18 months, the likelihood of mental health court participants being charged with any new crimes was about 26% lower than that of comparable individuals who received treatment as usual, and the likelihood of mental health court participants being charged with new violent crimes was 55% lower than that of individuals who received treatment as usual.
- Persons who graduated from the mental health court program maintained reduced recidivism after they were no longer under supervision from the court, in contrast to comparable persons who were treated as usual. By 18 months, the risk of mental health court graduates being charged with any new offense was about 34 per 100 compared with about 56 per 100 for comparable persons who were treated as usual.
- The risk of mental health court graduates being charged with a new violent crime was about half that of group treated as usual (6 per 100 compared to 13 per 100).

Source: "Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence," Dale E. McNiel, PhD and Renee L. Binder, MD, American Journal of Psychiatry 164:9, September 2007.

Santa Clara (California) Mental Health Court

- Upon graduating 56 participants, court officials estimated that the effect of moving these individuals, who had been recidivists, from jail custody to community treatment resulted in a savings of \$395,655.

Source: "Time for a Change: The Mental Health Court of the County of Santa Clara," Santa Clara Bar Association (April 3, 2001) reprinted in Santa Clara Bar Association Legal Links, Santa Clara Superior Court of California.

St. Lucie County (Florida) Mental Health Court

- Since its opening in June 2006, local officials report that the St. Lucie County mental health court has saved \$500,000 in jail stays based on the following: Incarceration of mental health offenders costs roughly \$345 per person, compared to \$69 for non-mentally ill inmates. A comprehensive mental health system typically costs roughly \$33 per day for each offender.

Source: <http://www.stlucieco.gov/media/1072.htm>; also Treatment Advocacy Center E-News (8-3-07)

MICHIGAN PARTNERS IN CRISIS (PIC)

Background Info:

- ◆ Modeled after programs in Florida, Missouri, South Carolina and Washington State
 - ~Designed to bring together diverse interests affected by interface between mental illness & justice systems
- ◆ Mental Health Assn. in Mich. & Mich. Assn. for Children with Emotional Disorders established project advisory board December '06; includes judiciary, law enforcement, jail administration, defense counsel, labor, mental health & substance abuse
 - ~Devoted '07 to development of mission statement, goals, operating procedures and initiatives to be pursued in '08
 - ~Inaugural press conference Jan. 24, 2008; open for general membership since; 16 organizations and six judges now members

What PIC is **NOT** About:

- ◆ That all crimes committed by persons with mental illness should forego punishment
- ◆ That all incarcerated adults and detained youth experiencing mental illness should be immediately released into treatment
- ◆ That all incarcerated adults and detained youth with a history of mental illness need current treatment

What PIC **IS** About

- ◆ Programs to divert adults and children with mental illness from justice system entrance
 - ~Diversion programs and their criteria for eligibility should be developed by local communities, with technical assistance and some monetary support from the state
- ◆ Justice system treatment programs that are as effective as possible in identifying and treating as necessary mental illness among incarcerated adults and detained youth
- ◆ Improved community treatment and support programs/processes for preventing recidivism among adults and children with mental illness who have been released from incarceration/detention

MICHIGAN PARTNERS IN CRISIS

2008 Initiatives

1. *Inform the public and policymakers about existing problems*

Michigan and the nation have not deinstitutionalized mental illness. Society has switched one form of institutionalization (state psychiatric hospitals) for another (prisons, jails and juvenile justice facilities). Nationally, 64% of jail inmates and 56% of state prison inmates have mental illness, and perhaps 75% of juvenile justice populations have emotional disorders. Over-reliance on the criminal and juvenile justice systems as responses to mental disorders puts the safety of mental health consumers, their families and the public at risk; contributes significantly to justice facility overcrowding and extra burdens on law enforcement; and results in public expenditures much higher than what would be required for treatment in settings and environments more conducive to recovery.

2. *Stimulate independent analysis of the prevalence, treatment needs and treatment levels for mental disorders in Michigan prisons, jails and juvenile justice facilities*

It has been almost a decade since any Michigan jails were studied independently – in 1998-99, a mental illness rate of 51% (more than three times the 1999 national average) was found in the Wayne, Kent and Clinton County jails. For the three most serious diagnoses, the rate was 34%. It has been over two decades since state prisons were independently assessed – even then (mid-1980s, before 12 subsequent state psychiatric hospital closures), such analysis found a 40% mental illness prevalence rate, much higher than our government ever reports. For the three most serious diagnoses, the rate was 24%. No independent study of the situation in the state's juvenile justice system has ever been released. *Partners in Crisis* has already been successful in obtaining a 2008 legislative appropriation and requirement for an independent study of mental illness in state prisons.

3. *Governmental action to improve diversion service and systems coordination*

Nationally, three-fourths of offenses committed by mental illness inmates in jails, and over half of offenses by state prison inmates with mental illness, are non-violent. Inmates with mental illness and society would be much better served by mental health treatment in settings and environments conducive to recovery (which justice facilities are not). Services for diversion from justice systems to mental health programs are highly disparate across the state, and legal responsibility for them falls too heavily on just one type of entity – Community Mental Health – although multiple government resources must be involved for success. And while there are about 150 specialized Mental Health Courts around the country, Michigan only has one fledgling court initiated the second half of 2007. Our state government has not previously offered or provided assistance to local communities interested in establishing Mental Health Courts, even though the Governor's Mental Health Commission in 2004 said they were needed to better divert individuals with mental disorders from incarceration to treatment. The Governor's proposed FY-09 budget now includes \$3.4 million for establishment of five pilot mental health courts.

4. *Governmental action to suspend (rather than terminate) existing Medicaid status of an individual who becomes incarcerated or detained*

Federal regulations do not allow for Medicaid reimbursement of services in justice facilities. The federal government recommends, but does not require, that states have clear policy for suspension (rather than termination) of incarcerated or detained individuals' Medicaid status, so that Medicaid coverage may resume more quickly upon release. Several states have taken such action. In Michigan, the DHS Program Eligibility Manual says that Medicaid eligibility status "can" be retained during incarceration or detention. That is permissive rather than definitive, and this issue is one of much confusion and local variability across the state. Positive action by state government would benefit persons with mental illness, their families and Michigan taxpayers.

5. *Ending administrative segregation (solitary confinement) as punishment for "misconduct" by inmates with serious mental illness in state prisons*

Solitary confinement of individuals with serious mental illness as a punishment for "misbehavior" is a brutal, inhumane and counterproductive practice. It can easily stimulate a vicious cycle in which the individual's mental condition worsens; he or she acts out more; and more and more seclusion (along with perhaps restraints) is added into the punishment mix. We know from families, court records and the testimony of Dr. Robert Walsh, who worked as a psychologist in Michigan prisons for 25 years, that many inmates with serious mental illness are segregated for extremely long periods (over 150 consecutive days and still counting in one recent case), often with discontinuation of the medications they may have been taking. Forcing individuals to languish in circumstances from which they may never psychologically recover, or from which they may die as in the cases of Timothy Souders and others, is barbaric.

6. *Increased authority for the Department of Community Health in the management, provision and application of appropriate care standards for mental health diagnostic and treatment services in state prisons*

The corrections mental health program in state prisons is a trifurcated, uncoordinated stew with too many cooks. The program legally belongs to the Department of Corrections, with the Department of Community Health legally responsible for some program review and evaluation. DOC contracts with DCH for some mental health care and with private entities for inmates' other medical care. Under legislation enacted in 2007 without a single shred of public discussion, DOC can now, if it wishes, add a fourth chef to the kitchen and contract prisoners' mental health care to private for-profit entities. The situation is far too jumbled to be efficient or workable. The bottom line is that DOC staff lacks the training, expertise and inclination to manage a major mental health program for a large number of extremely troubled individuals. Program control must rest to a much greater degree with DCH.

Michigan Partners in Crisis Advisory Board

January 2008

Mark Alley
Chief of Police, Lansing

Michael Anderson
Sheriff, Kalamazoo County

C. Patrick Babcock
Co-Chair, Michigan Mental Health Commission
Lansing

Hon. Laura Baird
30th Circuit Court
Lansing

Oliver G. Cameron, M.D., Ph.D.
Professor Emeritus, U-M Dept. of Psychiatry
Ann Arbor

Nick Ciaramitaro
Public Policy Director, Mich. AFSCME Council 25
Detroit

Scott Dzurka
President & CEO, Mich. Assn. of United Ways
Lansing

Hon. Dawnn Gruenburg (Chair)
37th District Court
Warren

Hon. Thomas LaCross
26th Circuit Court
Alpena

Robert Lathers
CEO, Ionia County Community Mental Health

Susan McParland, Esq.
Exec. Dir., Mich. Assn. for Children with Emotional Disorders
Southfield

Sandra Peppers
Health Services Director, Wayne County Jail
Detroit

Michael Reagan
President, Proaction Behavioral Health Alliance
Grand Rapids

Mark Reinstein, Ph.D.
President & CEO, Mental Health Assn. in Mich.
Southfield

Ronald J. Schafer, Esq.
Ionia County Prosecutor

Hon. Deborah Servitto
Michigan Court of Appeals
Troy

John Shea, Esq.
Defense Attorney
Ann Arbor

Patricia Streeter, Esq.
Prisoner Rights' Attorney
Ann Arbor

MICHIGAN PARTNERS IN CRISIS
MEMBER ORGANIZATIONS AND JUDGES – FEB. 22, 2008

Alliance on Mental Illness, Oakland County
American Friends Service Committee
Association for Children's Mental Health
Citizens' Alliance on Prisons and Public Spending
Citizens United for Rehabilitation of Errants, Michigan Chapter
Kadima
Mental Health Association in Michigan
Michigan Association for Children with Emotional Disorders
Michigan Association of Community Mental Health Boards
Michigan Association of United Ways
Michigan Protection and Advocacy Service
Michigan Psychiatric Association
Michigan Psychological Association
National Alliance on Mental Illness of Michigan
National Association of Social Workers, Michigan Chapter
Prison Legal Services of Michigan

The Hon. Laura Baird
The Hon. Laura Barnard
The Hon. Dawnn Gruenburg
The Hon. Thomas LaCross
The Hon. Milton Mack
The Hon. Deborah Servitto

MICHIGAN PARTNERS IN CRISIS (PIC)

Mission & 2008 Goals

Mission

Michigan Partners in Crisis is dedicated to enhancing access to quality, clinically appropriate treatment and support services and settings for children and adults experiencing emotional disorders and mental illnesses.

2008 Goals

- To promote the well-being and safety of consumers, families and the public.
- To reduce over-reliance on the criminal and juvenile justice systems as responses to mental illness and emotional disorder, and to avoid inappropriate incarceration or detention of individuals experiencing such conditions.
- To advocate for the provision of treatment and support alternatives to incarceration.
- To advocate for appropriate resources for prevention, care, treatment and follow-up services to individuals experiencing emotional disorder and mental illness.
- To encourage legislative, financial and other public policies and mechanisms that stimulate earlier intervention, increased access and better service outcomes for persons experiencing emotional disorder and mental illness.
- To foster improved coordination and provider accountability among health and human service systems encountering persons experiencing emotional disorder and mental illness.



STATE OF MICHIGAN
COURT OF APPEALS

DEBORAH A. SERVITTO
JUDGE

February 25, 2008

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SUITE 800
TROY, MICHIGAN 48064-4127
TELEPHONE (248) 824-8760
FAX (248) 487-9815
E-MAIL DSERVITTO@COURTS.MI.GOV

The Honorable Paul Condino, Chair and Members
Michigan House Committee on Judiciary
State Capitol
Lansing, MI 48909

Dear Chairman Condino and Members:

Let me introduce myself to you and your committee members. I am Judge Deborah A. Servitto and I am currently a member of the Michigan Court of Appeals. Prior to my tenure on this court, I served for three years as a judge for the 37th District Court for the cities of Warren and Center Line and for sixteen years as a judge for the Macomb County Circuit Court. As a circuit court judge, I implemented an adult felony drug and alcohol treatment court.

During my early years as a circuit court judge, one of my family members was diagnosed as bi-polar and schizophrenic. Because of this diagnosis, I did a great deal of reading about mental illness and I became very familiar with the symptoms and medications used to treat mental illnesses. I believe that this life experience caused me to become a better judge and allowed me to recognize that many of the criminal defendants whom I dealt with also suffered from some form of mental illness.

I have no formal studies, or statistics to support my observations, but I concluded many years ago that approximately 70% of the criminal defendants assigned to my court suffered from one or more types of mental illness. Many had been formally diagnosed, and it was simply a matter of asking the right questions to learn about their mental health histories.

My experience as trial judge taught me that the county jail and the prison system were not equipped to appropriately treat these defendants. In fact in many instances, the defendants' mental health issues were completely ignored. The lack of medical personnel and the costs of appropriate treatment was always an issue.

With our jails and prisons filled to capacity, the State of Michigan needs to look into alternatives to incarceration for non-violent, mentally ill criminal defendants. Appropriate treatment would cut down on crime and recidivism.

Sincerely,



Deborah A. Servitto



LAURA CHEGER BARNARD
District Judge

STATE OF MICHIGAN
71-A DISTRICT COURT

255 Clay Street
Lapeer County Complex
Lapeer, Michigan 48846
(810) 745-4781

February 21, 2008

Michigan Legislature
Re: Mental Health Court

To the Michigan Legislature:

I have served as a District Judge in Lapeer County for more than 17 years and have seen a remarkable increase in criminal matters that involve people who are suffering from mental illness. There has been an increase in forensic referrals from once every few months, to four or five a month. Many of these cases involve people who suffer from some form of mental illness but refuse to take their medication until ordered to do so as a term of criminal probation. Some are undiagnosed and self medicate by abusing drugs or alcohol. The number of drunk driving convictions that involve a mental health evaluation and treatment as part of probation has also significantly increased over the past several years.

These people do not meet the criteria for Probate Court intervention but are unable to follow the laws of a peaceful society because of their mild to moderate mental illness. In addition, many are unable to stay gainfully employed due to the personality dysfunction that may arise as a part of their chemical imbalance.

Over the years, I have had many discussions with the deputies at the jail regarding the care and costs of defendants who suffer from mental illness. When the prisoners receive the proper medication, they act and respond in a completely different manner from the nonfunctional people who previously appeared in my court.

There must be a more humane way to treat people who suffer from mental illness. Our society would be appalled if we didn't medically treat persons suffering from cancer, heart disease or stroke. Since mental illness is many times invisible, except for the socially unacceptable behavior, it can be ignored until those who are ill break the law and endanger others.

I am asking the Legislature to please consider implementing some form of Mental Health Court to provide treatment to those with mental illness. It is a shame that a crime must be committed and a person labeled a criminal before treatment can be ordered and monitored.

Sincerely,



Laura Barnard
Judge, 71A District Court



STATE OF MICHIGAN
ALPENA COUNTY PROBATE COURT

Thomas J. LaCross
Judge of Probate

719 W. Chisholm St., Ste. 4
Alpena, MI 49707
Telephone: (989) 354-9650
FAX: (989) 354-9782

Jane R. Mortimer
Probate Register

February 22, 2008

Honorable Paul Condino, Chair, and Members
Michigan House Committee on Judiciary
State Capitol
Lansing, MI 48933

Dear Chairman Condino and Members:

By way of introduction I am the Probate Judge for the County of Alpena and also the presiding Family Court Judge of the 26th Judicial Circuit in Alpena County. As such, our court is involved with many instances, involving adults and juveniles, where mental illness is present. In an effort to properly address the mental health needs of individuals in our community collaboration is required.

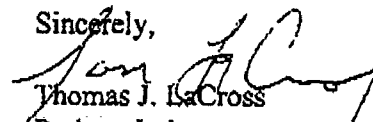
Collaboration cannot be expected on the local level only, but rather is necessarily required on the state and federal level. Because individuals and families are being abused by the way individuals with mental illness are being treated by the present system, there needs to be change.

Specifically, the court is toward "the end of the line" where many of the difficulties, in responding to a person's mental illness, come to light. In many cases if mental illness is responded to correctly then the behavior exhibited, that is threatening and may be criminal in nature, will be avoided. Thus, more effort needs to be put in the area of pre-law enforcement involvement and the judicial system.

Prospectively, after the person is in the judicial system, an appropriate plan (sentence or dispositional order) needs to be developed in order to properly respond for the protection of society, protection of the individual, and their family, etc.

I would ask your committee to seriously address these matters and assist in the development of proper policies and funding to respond to the needs that mental illness presents.

Sincerely,


Thomas J. LaCross
Probate Judge



LANSING POLICE DEPARTMENT

120 W. Michigan Ave.
Lansing, Michigan 48933
(517) 483-4600 (TDD/Voice)
FAX: (517) 377-0162

Virg Bernero, Mayor
Mark E. Alley, Chief of Police

February 20, 2008

Representative Paul Condino
and Members of the House Judiciary Committee

Re: ***Improving the Mental Health Services at the Local Level***

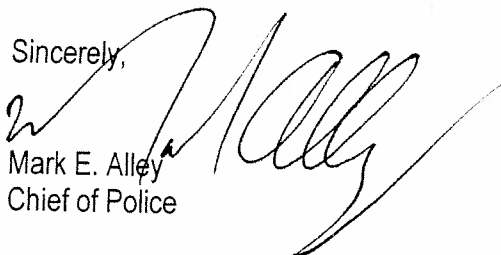
Dear Representative Condino and House Judiciary Committee Members:

As a law enforcement officer for 22 years and the Chief of Police in Lansing for over 7 years, I say without equivocation that the need for our society to compassionately and proactively deal with people with mental illness should be a top priority.

Far too many times we rely upon our front line law enforcement officers to deal with a person suffering from a mental illness with the result of this interaction being tragic for all involved. I can't help to think of the lives that would be saved and the crimes that would be averted if we'd put more emphasis on the treatment of mental illness by trained professionals.

I applaud the efforts of Partners in Crisis to have taken on the cause of looking at the best ways in which people with mental illness can be served by our State. I ask you to join me in working on this important endeavor.

Sincerely,


Mark E. Alley
Chief of Police



Kalamazoo County Sheriff's Office

1500 Lamont
Kalamazoo, Michigan 49048
(269) 385-6173

Sheriff

MICHAEL J. ANDERSON

Undersheriff

MICHAEL G. BOWEN

February 20, 2008

The Honorable Paul Condino, Chair and Members
Michigan House Committee on Judiciary
State Capitol
Lansing, Michigan 48909

Dear Chairman Condino and Members:

This past year I was pleased to have the opportunity to become a member of the advisory board for a recently formed organization known as Michigan Partners in Crises (PIC). PIC is comprised of a cross-section of stakeholders including law enforcement, judges, prosecutors and advocacy groups who recognize the undeniable truth that our jails and prisons have become the largest de facto mental health institutions in the country, and until changes are made, they will continue to have revolving doors for the mentally ill. The moral and ethical values we profess to embrace as a society dictate that we simply not continue to lock up and ignore the mentally ill who find themselves embroiled in the criminal justice system.

Noteworthy is the fact that shifting the responsibility for caring for inmates in severe psychiatric crises to law enforcement and corrections poses a significant risk to the officers and risk of liability for local government. It is also a major quality of life issue for mentally ill inmates due to increased risk of suicide or being beaten and victimized by other inmates.

While there is most certainly not a simple solution to this complex problem, it is my hope that mental health care providers, law enforcement, legislators and concerned citizens will continue to work together and take positive steps leading toward more effective treatment of mentally ill offenders and subsequent decreases in crime and recidivism. I look forward to staying involved in this important effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Anderson", written over a horizontal line.

Michael J. Anderson
Sheriff

RONALD J. SCHAFER
Prosecuting Attorney

Office of the Prosecuting Attorney
County of Ionia
State of Michigan



100 W. Main St.
3rd Floor Courthouse
Ionia, MI 48846
(616) 527-5302
Fax: (616) 527-8222

February 25, 2008

The Honorable Paul Condino, Chair and Members
Michigan House Committee on Judiciary
State Capitol
Lansing, Michigan 48909

Dear Chairman Condino and Members:

I am participating with an organization known as Michigan Partners in Crises (PIC). PIC is comprised of members representing various groups that have a vested interest regarding the mentally ill. Some of the groups participating with PIC include law enforcement, judges, prosecutors and advocacy groups. PIC members see on a daily basis incarceration of the mentally ill simply because availability and delivery of mental health services is lacking. An emphasis on treatment and early intervention would have a significant impact in reducing the number of mentally ill currently incarcerated merely because few other options exist.

PIC, with its diverse membership and "front-line" experience of current practices regarding the mentally ill has begun a dialogue on reforms that can make a difference. I believe the collective knowledge of PIC can be of tremendous assistance to the Judiciary Committee as it grapples with this complex issue.

Sincerely,

Ronald J. Schafer